

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12959**
 BIRTH NO. **24391-54** REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **5953** Registrar's No. **49**

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>PIKE</b>   |  | 2. USUAL RESIDENCE (Where deceased lived (If institution, residence before death)<br>a. STATE <b>MISSOURI</b> COUNTY <b>PIKE</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>AURA-BUFFALO</b>                |  | c. LENGTH OF STAY (in this place)  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R.F.D. #2-LOUISIANA, MO</b>   |  | e. STREET ADDRESS (If rural, give location) <b>R.F.D. #2-LOUISIANA, MO</b>   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>CONNIE</b> b. (Middle) <b>LEE</b> c. (Last) <b>SHOEMAKER</b>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 23, 1954</b>  |  |
| 5. SEX <b>Fe</b>   |  | 6. COLOR OR RACE <b>WHITE</b>  |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)   |  | 8. DATE OF BIRTH <b>APRIL 13, 1954</b>   |  |
| 9. AGE (in years last birthday) <b>9</b>   |  | 10. MONTHS <b>9</b> HOURS <b>9</b> MIN.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>          |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>INFANT</b>  |  |
| 11. BIRTHPLACE (City and State or Foreign Country) <b>LOUISIANA, MISSOURI</b>                                      |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>   |  |
| 13a. FATHER'S NAME <b>BILLIE D. SHOEMAKER</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>TATSY SUE BLACKWELL</b>   |  |
| 14. NAME OF HUSBAND OR WIFE  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> |  | 16. SOCIAL SECURITY NO. <b>NONE</b>  |  |
| 17. INFORMANT'S SIGNATURE OR NAME <b>Billie D. Shoemaker</b>   |  | ADDRESS <b>Louisiana, Mo.</b>  |  |

|  |  |   |  |                                  |  |
|--|--|---|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Strangulation</b>  |  | DUPLICATE   |  | <b>7</b>                         |  |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | ANTECEDENT CAUSES   |  |                                  |  |
| Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  |  | DUE TO (b) <b>Murder in throat from</b>   |  |                                  |  |
|  |  | DUE TO (c) <b>cold.</b>   |  |                                  |  |
| II. OTHER SIGNIFICANT CONDITIONS   |  | Conditions contributing to the death but not related to the disease or condition causing death. |  | <b>E9220</b><br><b>22</b>        |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 19a. DATE OF OPERATION <b>none</b>                                       |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT (Specify) <b>accident</b>                                  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Louisiana Pike 082 Mo.</b>    |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>April 22 54 6A m.</b> |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? <b>see 1b) above</b>                                  |  |

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased and died on **April 22, 1954**, and that death occurred at **6 A m.**, from the causes and on the date stated above.

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 23a. SIGNATURE (Degree or title) <b>J. B. Mudd Coroner</b> |  | 23b. ADDRESS <b>Parisling Queen Mo</b>                 |  | 23c. DATE SIGNED <b>April 22-54</b>                                    |  |
| 24a. BURIAL (CREMATION, REMOVAL, etc.) <b>BURIAL</b>       |  | 24b. DATE <b>APRIL 23, 1954</b>                        |  | 24c. NAME OF CEMETERY OR CREMATORY <b>RIVERVIEW CEM. LOUISIANA, MO</b> |  |
| 24d. LOCATION (City, town, or county) (State)              |  | 24e. FUNERAL DIRECTOR'S SIGNATURE <b>J. M. Collier</b> |  | ADDRESS <b>Louisiana, Mo</b>   |  |
| DATE RECD BY LOCAL REG. <b>April 22, 1954</b>              |  | REGISTRAR'S SIGNATURE <b>Bernice Collier</b>           |  | FEDERAL DIRECTOR'S SIGNATURE <b>J. M. Collier</b>                      |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

---

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Geo. M. Collier*.....

Licensed Embalmer No. *382*.....

P. O. Address *Louisiana*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.